

Date:

Application No.



Application Form

Kindly Fill the entire form in block letters

1. Name of the child (Surname first).....
2. Age Sex Date of Birth.....
3. Nationality Religion
4. Father's Name
- Occupation Place of work
- Telephone /Mobile Contact Email Address
5. Mother's Name
- Occupation Place of work
- Telephone /Mobile Contact Email Address
6. Place of Residence Village LC I
7. Physical Address Postal Address
- Emergency Contacts Office Mob
8. Previous School attended by the Child Class
9. Special illnesses that you may need to notify us about e.g. Asthma, Epilepsy, Sickle Cell, etc
(Kindly attach a detailed medical report)
-
10. Does the special needs above affect the child's performance at school especially vigorous
exercises?
11. Is the child fully immunised? (If yes, Kindly attach immunisation
card copy)
12. Is there any food/beverage that your child doesn't eat?
-
13. Give any Special talents your child possesses
(i) (ii)
- (iii) (iv)

Located at Kimbejja 300metres
off Kabinja - Kitemu Road

Tel: 0782 700 984, 0702 962 819
Email: kidsavenueschoolbuddo@gmail.com
Website: https://kidsavenueschoolbuddo.com

P.O. BOX 701052
ENTEBBE

14. Are there any other comments about your child that you may want us to know?

.....
.....

15. Please indicate the means of transport used by the child to and from school. (Please tick)

Family Car

School Van

Bodabod`a

On Foot

16. Please indicate next of kin:

Address **Telephone**

Village **LCI Zone**

Parent's Name:

Parent's Signature:

Date:

NB. Please attach three child's passport photos and two parent's or guardian's passport photos photocopy of the parent's / guardian's national identity card, birth certificate or immunisation card of the child.



A VERY WARM WELCOME TO KIDS AVENUE PRE-SCHOOL BUDDO
